



Comhairle Chontae na Gaillimhe
Galway County Council

Social Housing Assessment of Need

- Please complete the following form to update your application for social housing with Galway County Council.
- Documents that may be needed to update your application are listed below.
- We only need documentation related to **recent events** e.g. if you are married and have already provided a Marriage Cert. we don't need that again, however if you are recently married and have never provided the Marriage Cert. as part of your Social Housing Application, then we would need a copy.
- If you have any questions, please call the Housing Department on **091 509635** or email SSHA@galwaycoco.ie

Documents Required for Household and Main Applicant

If your circumstances have changed recently/since you applied or since you last updated your information with the Council. We may need you to submit further documentation and we will tell you about this as quickly as possible if needed.

For all households Proof of current address (e.g., utility bill, lease or rental statement)

Any new household members (e.g. new babies) Birth Certificate

Any recent Marriages or Civil Partnerships Marriage/Civil Partnership certificate

Any household member in employment Evidence of 12 month's income **Current Year**

4 recent payslip for all employments
or

Pay and Tax Summary (Year to date). This can be obtained from Revenue's online service, myAccount* and will include all employments in this current year to date.

Previous Year

Statement of Liability for last tax year. This can be obtained through Revenue's online service, myAccount* or your local tax office

and

Employment Detail Summary for last tax year. This can be obtained from Revenue's online service, myAccount*.

*<https://www.ros.ie/myaccount-web/home.html>

Any household member in self-employment	A minimum of 2 years accounts and A Notice of Assessment and/or Self-Assessment
Any household members in receipt of social welfare	A recent statement from Department of Social Protection for the previous 12 months detailing all welfare payments received and commencement date of receipt of such payments. If a household is in receipt of social welfare for less than 12 months, an employment detail summary for the preceding year and, where applicable, payslips for the intervening period must also be provided.
Any household member who is a non-EEA national	Proof of citizenship or permission to remain in Ireland for all household members (e.g., letter from the Department of Justice or similar from Garda National Immigration Bureau).
Any recent legal separation or divorce	Copy of the agreement
Any recent custody arrangement	Document which sets out the arrangements
Any maintenance arrangements	Document which sets out how much maintenance is received
Applications on grounds of any NEW Medical or Disability Grounds (if applicable)	A completed Medical and/or Disability Information Form (HMD-Form 1), available from your local authority or an Occupational therapist's report in respect of any specific accommodation requirements



Processing Details

Are you still interested in receiving Social Housing?

Yes No

Main Applicant Details

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Email _____

Phone _____

Eircode _____

Address _____

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Main Applicant Civil Status

Single

- Married
- Separated
- Divorced
- Widowed
- Cohabiting
- Legally Separated
- Lone Parent
- Civil Partner
- Other

Main Applicant Employment Status

- Employed (Full-Time or Part-Time)
 - Participating in a Government employment scheme (e.g.SOLAS scheme)
 - Unemployed (receiving social welfare payment)
 - Pensioner / Retired
 - One-Parent Family Payment
 - Homemaker (looking after home/family with no income)
 - Student
 - Disability
 - Self Employed
 - Child
 - Other
-
-



Joint Applicant Details

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Relationship to yourself e.g. partner, spouse

- | | |
|---|-------------------------------------|
| <input type="radio"/> Applicant | <input type="radio"/> Spouse |
| <input type="radio"/> Partner | <input type="radio"/> Son-in-law |
| <input type="radio"/> Daughter-in-law | <input type="radio"/> Father-in-law |
| <input type="radio"/> Mother-in-law | <input type="radio"/> Parent |
| <input type="radio"/> Grandchild | <input type="radio"/> Brother |
| <input type="radio"/> Sister | <input type="radio"/> Foster child |
| <input type="radio"/> Other relative / Person | |

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Joint Applicant Civil Status

- Single
- Married
- Separated
- Divorced

- Widowed
- Cohabiting
- Legally Separated
- Lone Parent
- Civil Partner
- Other

Joint Applicant Employment Status

- Employed (Full-Time or Part-Time)
- Participating in a Government employment scheme (e.g.SOLAS scheme)
- Unemployed (receiving social welfare payment)
- Pensioner / Retired
- One-Parent Family Payment
- Homemaker (looking after home/family with no income)
- Student
- Unknown
- Disability
- Self Employed
- Child
- Other



Income Details for both applicants

	You	Joint Applicant
Employment Income	€ <input type="text"/>	€ <input type="text"/>
Self - employment income	€ <input type="text"/>	€ <input type="text"/>
Social welfare income	€ <input type="text"/>	€ <input type="text"/>
Social Welfare Payments <i>(write names of the benefits received e.g Job Seeker's Allowance)</i>	<input type="text"/>	<input type="text"/>
Maintenance Received	€ <input type="text"/>	€ <input type="text"/>
Any Other Income	€ <input type="text"/>	€ <input type="text"/>
Other income type <i>(please write in where any other income is from)</i>	<input type="text"/>	<input type="text"/>



Household Members

Excluding the main applicant and joint applicant, how many other household members are on your application for Social Housing? _____

Details of Household Member 1

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Employment / Education Status

- Employed (Full-Time or Part-Time)
- Participating in a Government employment scheme (e.g.SOLAS scheme)
- Unemployed (receiving social welfare payment)
- Pensioner / Retired
- One-Parent Family Payment
- Homemaker (looking after home/family with no income)
- Student
- Unknown
- Disability
- Self Employed
- Child
- Other

Their weekly income (*if over 18*) _____

Details of Household Member 2

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Employment / Education Status

- Employed (Full-Time or Part-Time)
- Participating in a Government employment scheme (e.g.SOLAS scheme)
- Unemployed (receiving social welfare payment)
- Pensioner / Retired
- One-Parent Family Payment
- Homemaker (looking after home/family with no income)
- Student
- Unknown
- Disability
- Self Employed
- Child
- Other

Their weekly income (*if over 18*) _____

Details of Household Member 3

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Employment / Education Status

- Employed (Full-Time or Part-Time)
- Participating in a Government employment scheme (e.g.SOLAS scheme)
- Unemployed (receiving social welfare payment)
- Pensioner / Retired
- One-Parent Family Payment
- Homemaker (looking after home/family with no income)
- Student
- Unknown
- Disability
- Self Employed
- Child
- Other

Their weekly income (*if over 18*) _____

Details of Household Member 4

First Name _____

Last Name _____

Date of Birth _____

P.P.S Number _____

Citizenship

- Irish
- Other-EEA
- Non-EEA
- UK

Employment / Education Status

- Employed (Full-Time or Part-Time)
- Participating in a Government employment scheme (e.g.SOLAS scheme)
- Unemployed (receiving social welfare payment)
- Pensioner / Retired
- One-Parent Family Payment
- Homemaker (looking after home/family with no income)
- Student
- Unknown
- Disability
- Self Employed
- Child
- Other

Their weekly income (*if over 18*) _____



Disability and / or Medical Information

Does anyone in the household have a disability or medical condition?

Yes No

Accessibility Needs

Do you require wheelchair liveable accommodation?

Yes No

Additional Disability and / or medical requirements

If someone in the household is disabled, please provide a med1 form from two medical practitioners supporting the basis of this application.

Person's Name(s) _____

Please describe the disability or medical condition

If someone in the household has a disability, please indicate if the disability falls into any of the following categories (you may tick more than one)

- | | Yes | No |
|--|-----------------------|-----------------------|
| Intellectual disability | <input type="radio"/> | <input type="radio"/> |
| Mental health disability | <input type="radio"/> | <input type="radio"/> |
| Physical disability | <input type="radio"/> | <input type="radio"/> |
| Sensory disability | <input type="radio"/> | <input type="radio"/> |
| Due to the disability or medical condition are there any particular requirements needed in a home? | <input type="radio"/> | <input type="radio"/> |



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Irish Speaking Household

Is your household fluent or native Irish Language Speakers?

Yes No

Traveller identification

Housing authorities must make an assessment of the accommodation needs of Travellers under Section 6 and 7 of the Housing (Traveller Accommodation) Act, 1998. This information is requested for that purpose only and will not be used or have any impact on you eligibility for social housing support.

Do you identify as an Irish Traveller?

Yes No

Traveller specific accommodation

Do you require Traveller specific accommodation?

Yes No



Current accommodation

Where do you live now ?

- Emergency Accommodation / None
- Private household
- Local authority rented accommodation
- Voluntary Housing
- Co-operative
- Private Rented Accommodation (without rent supplement)
- Private Rented Accommodation (with rent supplement)
- Private Rented Accommodation (with court order for possession)
- Living with parents
- Living with relatives
- Living with friends
- Rough sleeper with no accommodation
- Other
- Rental Accommodation Scheme (RAS)
- Housing Assistance Payment (HAP)
- Institution
- Approved Housing Body (AHB)

If you are renting, when did your tenancy started or when you moved in?

Landlord's name _____

Landlord's phone number _____

How much rent do you pay a week?

€

How much rent supplement do you get each week (if any)?

€

What type of accommodation do you live in present?

- | | |
|--|-------------------------------------|
| <input type="radio"/> House | <input type="radio"/> Mobile Home |
| <input type="radio"/> Transitional Accommodation | <input type="radio"/> Hospital |
| <input type="radio"/> Cottage | <input type="radio"/> Maisonette |
| <input type="radio"/> Tigin | <input type="radio"/> Institution |
| <input type="radio"/> Apartment | <input type="radio"/> Day House |
| <input type="radio"/> Bed and Breakfast | <input type="radio"/> Refuge |
| <input type="radio"/> Flat | <input type="radio"/> Group Housing |
| <input type="radio"/> Hostel | <input type="radio"/> Prison |
| <input type="radio"/> Caravan | <input type="radio"/> Halting Bay |
| <input type="radio"/> Sheltered Accommodation | <input type="radio"/> None/Other |
| <input type="radio"/> Direct Provision | |

What facilities do you have in your current accommodation?

- | | Solely for use
of household | Shared | None |
|--------------------------------|--------------------------------|-----------------------|-----------------------|
| Living Room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Bathroom | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kitchen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Toilet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Yes | No | |
| Central Heating | <input type="radio"/> | <input type="radio"/> | |
| Water supply - Cold | <input type="radio"/> | <input type="radio"/> | |
| Water supply - HOT | <input type="radio"/> | <input type="radio"/> | |

How many bedrooms are there in your current property?



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Previous Accommodation

Please enter your Last Previous address before this.

Address Line 1 _____

Address Line 2 _____

Country

Eircode

Other property/land

Do you or any member of the household own property or land in Ireland or any other country?

Yes No

if so, does this include a residential property which vacant?

Yes No

Address of the property or land owned

Address Line 1 _____

Address Line 2 _____

Country

Eircode _____



Areas of choice Please select Maximum 3

Please note all choices will carry equal value when allocating housing.

- | | |
|--|---|
| <input type="radio"/> Athenry and Environs | <input type="radio"/> Galway North |
| <input type="radio"/> Ballinasloe North | <input type="radio"/> Galway North-East |
| <input type="radio"/> Ballinasloe South | <input type="radio"/> Gort and Environs |
| <input type="radio"/> Connemara Central | <input type="radio"/> Headford |
| <input type="radio"/> Connemara Islands | <input type="radio"/> Loughrea and Environs |
| <input type="radio"/> Connemara North-West | <input type="radio"/> Oranmore and Baile Chláir |
| <input type="radio"/> Connemara South-East | <input type="radio"/> Portumna and Environs |
| <input type="radio"/> Connemara South-West | <input type="radio"/> Tuam |
|
 | |
| <input type="radio"/> Galway City East | <input type="radio"/> Galway City West |



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Declaration

Once you have finished filling out this form in full, please read this declaration carefully and confirm you are satisfied that you understand it.

Collection and Use of Data

The housing authority will use the data which you have supplied to administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud.

The housing authority may, in conjunction with the Department of Housing, Local Government & Heritage, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2014, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, social housing support, and any other person the authority considers may be engaged in anti-social behaviour.

Once you have finished filling out this form in full, please read this declaration carefully and sign and date it when you are satisfied that you understand it.

<http://www.galway.ie/en/services/housing/housingdataprivacystatement/>

Declaration

I/We declare that the information and particulars given by me/us on this form are true and correct. I/We undertake to notify the housing authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details on my/our application.

Confirm Signature of Main Applicant _____

Confirm Signature of Joint Applicant _____